

### Deposit online!

Instead of returning this form by mail, visit [carlow.edu/deposit](http://carlow.edu/deposit) to log in to your Bridge to Carlow account and submit your enrollment reply form and deposit online via credit card.



## Master of Science in Physician Assistant

# ENROLLMENT REPLY FORM

First Name	Middle Name	Last Name	
Street Address	City	State	Zip
Email	Date of Birth (MM/DD/YYYY)		

**I plan to enroll at Carlow University!**

Enclosed is my \$1,000 enrollment deposit in the form of a check made payable to Carlow University. I recognize that this deposit is nonrefundable and serves as an advance payment on my first semester tuition bill.

**Housing Plans:**

- Live at the primary and permanent residence of my parent/guardian.  
 Live in an apartment/home that is not the primary residence of my parent/guardian.

**Carlow University policy states that all students will be automatically enrolled in our emergency text message alert system. To ensure compliance with this policy, please indicate your cell phone number and carrier below:**

Cell Phone Number (including area code)

Cell Phone Carrier (e.g., Verizon, T-Mobile, AT&T, etc.)

Upon submission of this reply form, I will be registered for classes for my desired entry term. I understand that this registration can be nullified or changed only upon completion and submission of withdrawal, leave of absence, cancellation, or future registration forms.

I hereby acknowledge and agree to pay all charges made on my student account for this enrollment period. If payment is not made according to standard university terms, the entire amount outstanding on the account shall become due and payable in full immediately.

In any case of default of payment, I agree that Carlow University shall be entitled to withhold future registrations, transcripts, and/or diplomas.

Carlow University should also be entitled to report any delinquency to credit reporting agencies, engage a collection agency, and utilize any and all legal means to collect amounts due. In that event, I shall be liable for all collection costs, expenses, and attorney's fees incurred by Carlow University in connection with the collection of debt.

**I have read and I accept these conditions related to my registration, and grant permission to have the appropriate courses added to my first semester schedule.**

Signature

Date

**I do not plan to enroll at Carlow University.**

*You can also log in to your Bridge to Carlow account to decline admission and officially withdraw your application.*

**PLEASE RETURN FORM TO:**

Carlow University, Office of Admissions, 3333 Fifth Avenue, Pittsburgh, PA 15213